which both man and wife have suffered from the disease. The statistics of Betz, Hertzka, Lecorché, Schmitz, Seeger, Külz, and Senator give, when combined, a total of fifty-six instances in which both man and wife suffered from diabetes among 5159 diabetic patients—a little over 1 per cent. Williamson is rather skeptical as to the infectious character of the disease, and seems disposed to attribute the association of diabetes in man and wife rather to their being exposed to the same predisposing influences than to any specific infective agent.

Of great interest is the result of experimental work recently published by Leo. He found that when large quantities of diabetic urine were administered by the mouth or subcutaneously to dogs, that glycosuria was generally produced. The same results followed if the diabetic urine was freed from sugar by fermentation. Normal urine very rarely produced glycosuria when given in the same way. Leo concludes that diabetic urine contains a poison which produces glycosuria when introduced into the system. He thinks that the poison is possibly produced by the action of micro-organisms.

Töpfer showed that the injection of a quantity of the contents of the small intestine of a diabetic patient under the skin of a rabbit produced glycosuria. The intestinal contents of a healthy individual fails to produce the same result.

Töpfer also found that glycosuria could be produced in dogs by the injection into the stomach or small intestines of a portion of the intestinal contents of a diabetic patient. Negative results followed when the intestinal contents of a non-diabetic patient were used.

It would seem, then, that the intestinal contents of a diabetic patient possess the power of exciting glycosuria.

Lépine found that a temporary increase of the amount of sugar in the blood occurs after the injection of a culture of staphylococci into the jugular vein in dogs.

Williamson concludes that whereas these experiments on the intestinal and bacterial origin of diabetes require confirmation, yet they are extremely suggestive when one considers how many diabetics die without any definite etiological factors or post-mortem findings at autopsy.

Pseudochylous Ascites.—MICHELE and MATTIROLO (*Wiener klinische Wochenschrift*, 1900, No. 3) have investigated the cause of the opacity of some cases of chylous ascites in which the fat present was not sufficient to explain the condition. The suggestion of several observers that some proteid body, globulin, seromucoid, casein, etc., might be the cause, the authors show to be undemonstrated. They were fortunate enough to have four cases to study, viz., one of adherent pericardium and cardiac thrombosis, one of pancreatic cancer with metastases in the peritoneum, one of secondary sarcoma of the spleen, and one of cirrhosis of the liver with chronic peritonitis.

The clinical histories are given in abstract, full reports being promised in another place; the results of examinations of the fluids are given in sufficient detail. All the cases showed milky ascites, and the case of hepatic cirrhosis had also milky fluid in the pleural cavities. Without chemical examination the opacity would have been ascribed to fat. It was not altered by filtration, nor by centrifugalization, and ether and caustic potash made was audible—systolic, but also prolonged into diastolic, and sometimes apparently double. Severe dyspnœa made accurate observation of this sign difficult. It suddenly disappeared, along with the thrill, and only the dull, uncertain sounds could be heard. Two hours later the patient felt better, complained only of great weakness, was cyanotic, but not dyspnœic. The heart was irregular; pulse 120, small and weak. Near midnight, fifteen hours after the first attack, another came on, and before the physician reached her the patient was dead. Autopsy showed hemorrhagic infarctions of the lungs, dark red clots in some branches of the pulmonary artery; the right ventricle slightly dilated; mitral valve thickened, but competent; the other valves normal. A thrombus, 4 cm. long and 3 cm. in circumference, filled the main pulmonary artery and obstructed the right branch. In the left branch a tangled thrombus, 1.5 cm. in circumference, completely obstructed the sub-branches. The right iliac vein was filled with a dark red clot, extending into the cava. The right iliac and femoral contained dark-red, slightly adherent clots, containing a firmer, worm-like thrombus, like that in the left pulmonary artery. According to the autopsy, the left pulmonary artery became obstructed first, the clot causing a temporary obstruction as it passed through the right venous ostium. The thrombus in the right branch was so large as to cause death immediately. Although the recognition of the true state of affairs was to a certain extent accidental, the observation is of value in a diagnostic way.

Changes in the Urine after Palpation of the Kidneys.—MENGE (*Münchener medicinische Wochenschrift*, 1900, No. 23) was struck by finding transitory albuminuria in two patients with movable kidneys, after diagnostic palpation. This led him to make careful observations of the urine before and after manipulation on twenty-one patients. Often, though not always, albumin was found in the urine, varying greatly in different cases. In six cases there was no alteration; in fifteen there was albumin up to 0.5 per mille (Esbach). In all cases the albumin disappeared within twenty-four hours, once in three-quarters of an hour. The idea that the albumin depended on a hæmaturia was confirmed in five cases, though the albumin was always more than could be explained by the blood present. In two cases there was also cubical epithelium. Examinations of the bladder with the cystoscope showed that the blood did not come from mechanical lesions of the bladder, and catheterization of the two ureters showed that the abnormal elements came only from the palpated kidney. In one case palpation of both kidneys in turn showed an increase of albumin (estimated) after the second palpation. The author concludes, though with some hesitation on account of the small number of observations, that the appearance and quantity of blood and albumin after renal palpation depend on the force and duration of the palpation, the nutrition of the patient, the tension of the abdominal wall, and the degree of nephroptosis, and also on the "sensitiveness of the palpated organ." He adds some considerations concerning renal pathology that need not be referred to, but makes two therapeutic suggestions that deserve some notice. On the ground of his observations he advises against the massage of the renal region and the use of bandages in nephroptosis. Regarding these points further observations would seem indicated.